U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

QLMS 9			
1. File Number U - 1/335	2. Fiscal Year Covered From:		
·	1 / 1 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Leo W Gerard	Name United Steelworkers of America, AFL-CIO		
	Labor Organization File Number 000-094		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street Five Gateway Center	Street Five Gateway Center		
City Pittsburgh	City Pittsburgh		
State Pennsylvania ZIP Code + 4 15222-1214	State Pennsylvania ZIP Code + 4 15222-1214		
5. Position in labor organization.  President			
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	7.D. Amount.		
City [ ]   City [ ]			
State ZIP Code + 4	Till de delle tra de complete and complete and annual annu		
Sian	ature		
	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	ing documents), has been examined by the signatory and is, to the best of the		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	on 8/8/05 (412) 562-2300		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		

Name of Person Filing Leo W. Gerärd		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Privilege	[ <b>v</b> ]	
Trade Name, if any:	X a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any Suite 300	c. Employer	
Street 1125 15th Street N.W.	Summasses	
City Washington		
State D.C. ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.
Name	Provide of consumion members.	sumer benefit programs to
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing.
City	12.a. Nature of interest hel	Material Constitution of the Constitution of t
State ZIP Code + 4	Meeting Give Av	
	(polo shirt/jea	
	(polo shirt/jea	\$56.94
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.  r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.  r parts A and B above) or other thing of value.	
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or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.b. Amount.  r parts A and B above) or other thing of value.	

Name of Person Filing Leo W. Gerard	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Goldberg, Persky & White, P.C.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Third Floor  Street 1030 Fifth Avenue  City Pittsburgh  State Pennsylvania ZIP Code + 4 15219-6295	9. Business deals with:  X a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provider of legal services		
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Restaurant gift card		
	12.b. Amount. \$75.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		